

**United States Bankruptcy Court**  
**District of IDAHO • Sub-district of POCATELLO**

**PROOF OF CLAIM**  
 THIS SPACE IS FOR COURT USE ONLY

<b>Name of Debtor(s):</b> JOHN L. MERZLOCK		<b>Case Number:</b> 03-41775 <b>Chapter:</b> 13 <b>Trustee:</b> L D FITZGERALD													
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. §503.															
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property): <b>Idaho State Tax Commission</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope.													
<b>Name and address where notices should be sent:</b> Idaho State Tax Commission Bankruptcy Unit P.O. Box 36 Boise, ID 83722															
<b>Account or other number by which identifies debtor:</b> SEE ATTACHMENT		Check below if this claim: <input type="checkbox"/> Replaces a previously filed claim dated: <input checked="" type="checkbox"/> Amends a previously filed claim dated: 9/12/03													
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other															
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114 <input type="checkbox"/> Wages, Salaries and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)															
<b>2. Date debt was incurred:</b> SEE ATTACHMENT		<b>3. If court Judgment, date obtained:</b>													
<b>4. Secured Claim</b> <input type="checkbox"/> Check box if your claim is secured by collateral (including a right of setoff) <b>Brief Description of Collateral:</b> See below <b>Value of Collateral:</b> _____  <b>Amount of arrearage and other charges at time the case was filed included in secured claim, if any:</b> _____		<b>5. Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check box if you have an unsecured priority claim <b>Amount entitled to priority:</b> \$81,488.25 <b>Specify Priority Of Claim:</b> <input type="checkbox"/> Wages, Salaries, or commissions (up to \$4650)* earned within 90 days before filing of the bankruptcy petition or cessation or the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3)) <input type="checkbox"/> Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4)) <input type="checkbox"/> Up to \$2100* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6)) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7)) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8)) <input type="checkbox"/> Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)( ))													
<b>6. Total Amount of Claim at Time Case was Filed</b>  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">SECURED</td> <td style="width:30%; text-align: right;">\$0.00</td> <td style="width:40%;"></td> </tr> <tr> <td>UNSECURED PRIORITY</td> <td style="text-align: right;">\$81,488.25</td> <td></td> </tr> <tr> <td>UNSECURED GENERAL</td> <td style="text-align: right;">\$98,530.00</td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: right;"><b>\$180,018.25</b></td> <td></td> </tr> </table>		SECURED	\$0.00		UNSECURED PRIORITY	\$81,488.25		UNSECURED GENERAL	\$98,530.00		<b>TOTAL</b>	<b>\$180,018.25</b>		* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
SECURED	\$0.00														
UNSECURED PRIORITY	\$81,488.25														
UNSECURED GENERAL	\$98,530.00														
<b>TOTAL</b>	<b>\$180,018.25</b>														
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 2em; font-family: cursive;">Amounts \$2</div>													
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, please explain. If the documents are voluminous, attach a summary.		<b>9. Date Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.													
<b>Date</b> 10/28/2003		<b>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim</b> <div style="font-size: 1.5em; font-family: cursive;">Kris Fosness</div> KRIS FOSNESS Bankruptcy Unit Tel. (208) 334-7778													
<b>Penalty for presenting fraudulent claim:</b> Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571															

# Proof of Claim - State Tax Liability Itemization

Idaho State Tax Commission  
Bankruptcy Unit  
P.O. Box 36  
Boise, ID 83722

STC Form 10  
Attachment

Case Number:

03-41775

Chapter:

13

## NOTES:

- \* UNLIQUIDATED LIABILITY - UNFILED RETURN. AMENDED CLAIM PER INFORMATION RECEIVED.
- # CLAIM AMENDED TO INCLUDE PERIOD NOT ON ORIGINAL CLAIM.

UNSECURED PRIORITY CLAIMS						
Note	Taxpayer ID Last 4	Taxpayer ID Last 4	Tax Type	Tax Period	Tax Due	Interest to Petition Date
						Total
			Indv Income	Dec 2000	\$25,000.00	\$3,982.75
*	519522043		Indv Income	Dec 2001	\$25,000.00	\$2,054.00
*	519522043		Indv Income	Dec 2002	\$25,000.00	\$451.50
*	519522043					\$28,982.75
						\$27,054.00
						\$25,451.50

Total Amount of Unsecured Priority Claims:

\$81,488.25

UNSECURED GENERAL CLAIMS						
Note	Taxpayer ID Last 4	Taxpayer ID Last 4	Tax Type	Tax Period	Tax Due	Interest to Petition Date
						Total
			Indv Income	Dec 1997	\$25,000.00	\$9,737.00
*#	519522043		Indv Income	Dec 1998	\$25,000.00	\$7,802.75
*	519522043		Indv Income	Dec 1999	\$25,000.00	\$5,990.25
*	519522043					\$34,737.00
						\$32,802.75
						\$30,990.25

\$0.00

\$0.00

Penalty to date of petition on unsecured priority claims (including interest thereon) . . . . .

Penalty to date of petition on unsecured general claims (including interest thereon) . . . . .

Total Amount of Unsecured General Claims:

\$98,530.00